



2015-2016 APPLICATION WORKSHEET

This worksheet is provided to assist local schools and community organizations in collecting information required to submit an official online application on behalf of eligible students for Indiana's 21st Century Scholars Program. **THIS INFORMATION MUST BE SUBMITTED ONLINE AT WWW.SCHOLARS.IN.GOV BY JUNE 30, 2016 TO BE CONSIDERED BY THE SCHOLARS PROGRAM.**

School/Community Organization

THIS IS NOT AN OFFICIAL ENROLLMENT FORM. The school or organization listed below is requesting permission to submit an application on behalf of a potential 21st Century Scholar student. The organization listed below agrees to take full responsibility for the timely submission of the application, for the safeguarding of sensitive information contained on this form, and for the destruction of this form after the online application has been submitted.

Organization name: _____ Organization contact: _____
Phone number: _____ Email address: _____

Section 1: Student Information

Name of student (First)			(Middle initial)	(Last)		
Social Security Number (required)*			Student Test Number (STN)			
Mailing Address (number and street name)			Apt/Suite			
City			IN	Zip Code	Telephone Number	
Grade level during 2015-2016 school year:		Date of Birth: (required)		Email Address (required):		
<input type="radio"/> 7th	<input type="radio"/> 8th	(Month) (Day) (Year)				
Middle School attending in 2015-2016			School Code	City (Do not use abbreviations)		
High School student will attend			School Code	City (Do not use abbreviations)		

Section 2: Student's Gender/Ethnicity (optional)

Please indicate student's gender, race, and ethnicity by completely filling in the circles for all that apply.

A. Student's Gender:

- ☐ Male
☐ Female

B. Student's Ethnicity: (fill in all that apply)

- ☐ White
☐ Black or African American
☐ Hispanic/Latino
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Multiracial

Section 3: Student's 21st Century Scholars Pledge

For application to be considered, a student must agree to the following pledge by signing below. As a Scholar, you pledge to:

- ✓ Complete the Scholar Success Program, which includes activities at each grade level in high school to help you plan, prepare and pay for college.
- ✓ Graduate from a state-accredited high school with a minimum of a Core 40 diploma and a cumulative grade point average (GPA) of at least 2.5 on a 4.0 scale.
- ✓ Not use illegal drugs, commit a crime or delinquent act, or consume alcohol before reaching the legal drinking age.
- ✓ File the Free Application for Federal Student Aid (FAFSA) by March 10 as a high school senior and each year thereafter until you graduate from college.
- ✓ Apply to an eligible Indiana college as a high school senior, and enroll as a full-time student within one year of high school graduation.
- ✓ Maintain Satisfactory Academic Progress (SAP) standards established by my college.
- ✓ Complete 30 credit hours each year you are in college to stay on track toward earning your degree on time.

I understand that I must be an Indiana resident (as determined by the permanent residence of my parent or legal guardian), a U.S. citizen or eligible non-citizen, and meet all other eligibility requirements.

(Your signature is required for this application to be submitted online on your behalf.)

Signature of Student: _____

Date of Signature: _____

(Month)	(Day)	(Year)
---------	-------	--------

Parents and legal guardians must report the **type and amount** of **ALL** sources of income received in the household during the most recent tax year. If applying after December 31, 2015, please use 2015 gross income. If there are more than five household members, list additional members on a separate sheet and attach to this application worksheet.

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses.

Household income is any money received on a recurring basis, including gross earned income. Gross earned income means **all** money received before such deductions as income taxes. Income includes but is not limited to: earnings from work, net income from self-owned businesses (cannot be less than \$0), unemployment and worker's compensation, welfare, child support, alimony, and retirement and disability benefits.

- Regular contributions from persons not living in household
- Income from estates, trusts, investments
- Net rental income, annuities, net royalties
- Military allowance for off-post housing
- Cash withdrawal from savings
- Interest/dividends
- **Any other income**

Number of People in the Household:		Total YEARLY GROSS INCOME (of each household member)		Work	TANF	Child Support	Alimony	Social Security	Disability	Self-Employed	Other
1.		\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.		\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.		\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.		\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.		\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total		\$									

By signing this enrollment form, I certify that all of the above information is true and correct, including all income information that has been listed under section 4.

- ✓ I understand that this application is to apply for the receipt of state funds.
- ✓ I authorize the 21st Century Scholars Program to verify any information on this application, including verification from school officials, case workers and from the Internal Revenue Service (IRS) and Indiana Department of Revenue (IDOR).
- ✓ Upon request, as a parent or legal guardian, I agree to provide all of my income information including tax forms, W-2 forms and any other supporting documentation.
- ✓ I understand that misrepresentation will terminate my student's enrollment in this program and may subject me to prosecution under applicable state and federal laws.
- ✓ I give permission for the Indiana Commission for Higher Education to obtain the applicant's Student Test Number (STN) and related information from the Indiana Department of Education.
- ✓ I authorize the release of my student's information to providers of education, to the school my student attends, community partner organizations approved by the school, and to CHE staff so that information and assistance can be provided to my student.
- ✓ I understand any released information will not be shared for commercial purposes.
- ✓ I certify that my student is a full-time student at a public or nonpublic school that is accredited either by the state board of education or by a national or regional accrediting agency whose accreditation is accepted as a school improvement plan under IC 20-31-4-2.
- ✓ I understand and authorize that the information presented in this 21st Century Scholars enrollment application is accurate.

I give consent for this information to be used to submit an application on my behalf by the recruiting organization listed on this form.

Signature of Parent or Legal Guardian		Date of Signature:		(Month)	(Day)	(Year)	Social Security Number*	
Printed Name of Parent or Legal Guardian (First)		(Middle initial)	(Last)					
Email Address:								

***This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1. If the parent or legal guardian signing the application worksheet does not possess a Social Security Number or Individual Taxpayer Identification Number, sign below.**

I hereby certify that I, the parent or legal guardian signing this application worksheet, do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). I further understand that not having a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) will not adversely affect the determination of eligibility for the Program.

Signature of Parent or Legal Guardian: _____

Date of Signature: _____

(Month) (Day) (Year)